

VILLAGE OF FRIENDSHIP HEIGHTS

VILLAGE COUNCIL

MELANIE ROSE WHITE, *Mayor*
FRANCIS R. VALEO, *Chairman*
MICHAEL E. POLLARD, *Vice Chairman*
ELIZABETH DEMETRA HARRIS, *Secretary*
JAMES B. SALTER, *Treasurer*
MAURICE TREBACH, *Parliamentarian*
LEONARD E. MUDD, *Historian*
JULIAN P. MANSFIELD, *Village Manager*
LESLIE STRATHMANN, *Village Manager 1987-1996*

4433 SOUTH PARK AVENUE
CHEVY CHASE, MARYLAND 20815
(301) 656-2797
FAX (301) 907-3922



Rev 7/98;7/11/00

ADVERTISING CONTRACT

The Friendship Heights Village News

This contract is subject to acceptance by the Friendship Heights Village Council. Advertisements must be appropriate to the readership of the *Village News*, in good taste, and of professional graphics quality. Ads must be submitted camera ready in the correct size for publication or as EPS or PageMaker files on disk (preferred). The Council reserves the right to refuse any advertisement.

Payment by check or credit card and a camera-quality copy of the proposed advertisement must be submitted with this contract. The Friendship Heights Village Council cannot extend credit. Payment for multi-insertion advertisements may be made monthly at an additional charge of 5%. Failure to pay for an agreed-to insertion in advance of publication (before the published deadline date for each issue) will result in non-publication and the advertiser will be billed for the balance due at the higher rate applicable to the number of insertions actually published.

This contract is for the month(s) of _____ through _____. The size agreed to is [description] _____, measuring _____ by _____ (Picas) (inches) [circle one]. TOTAL CONTRACT PRICE IS \$ _____ or \$ _____ per month.

Accepted and Agreed by the Advertiser:

Firm name _____ Phone _____ Fax _____

Address, city, state, zip _____

Signature _____ Title _____ Date _____

Accepted and Agreed by the Friendship Heights Village Council

Signature _____ Title _____ Date _____

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TOTAL PAID WITH THIS CONTRACT \$ _____

___ A check payable to *The Friendship Heights Village Council* is enclosed.

___ Charge my (circle one) *Discover, MasterCard, Visa* # _____ Exp. Date _____

Print Name as it appears on card _____

Signature _____ Date _____